| : e : W   | STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|---|--|--|
| sta<br>UP/  | 1. PLACE OF DEATH  | (B) 01874  |
| of CC CC  | County Howard  | Registration Dist. No. 192   |
| should of OCC                                       | Village or City Hest Freedelich  | No. St., Ward  |
|   | Length of residence in city or town where death occurredyrsmos.                                | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds  |
| ND. Every<br>YSICIANS<br>statement                  | 2. FULL NAME Sliga C. Bailey   |  |
| D.<br>SI  | (a) Residence: No. Rielshand Ya  | St., Ward.   |
|   | (Usual place of abode)   | If nonresident give city or town and State   |
| Rr.<br>PH<br>Exact                                  | PERSONAL AND STATISTICAL PARTICULARS  3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |
| 4 24  | OR D. VORCED (rurite the word)   | 2. DATE OF DEATH 2 (Month) (Day) (Year)  |
| AN<br>C<br>Ssife                                    | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glasse C, Bailey                  | 22. I HEREBY CERTIFY, That I attended deceased from  |
|   | 6. DATE OF BIRTH (month, day, and year) Des. 26 1854   | I last saw h. Land alive on 2 de 2 3 1935; death is said   |
|   | 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at  |
| IS A P<br>stated<br>properl<br>ertifica             | 80 / 28   1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:   |
| be s be p of ce                                     | 8. Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.     | chronic myocardities who   |
| H   | 9. Industry or business in which   | acule Contrac Dililation 2-24.   |
| oul   | work was done, as SILK MILL,<br>SAW MILL, BANK, etc  |  |
| 1 m + 0   | 10. Dato deceased last worked at this occupation (month and year) year)                        |  |
| NFADING I. pplied. AGE erms, so that instructions o |  | Other Contributory Causes of importance:   |
| d. d.   | 12. BIRTHPLACE (city or town) (State or country)   | The state of the s |
| UNFA<br>pplied<br>terms,<br>instr                   | I 13. NAME PSINE B. Gillisti   | Chrone neflenti  |
| H UN suppl in tern                                  | 4 14. BIRTHPLACE (city or town)  | Name of operation  |
| E P 10  | (State or country)   | What test confirmed diagnosis?   |
| WIT   | 15. MAIDEN NAME JULIA Sulles (15. BIRTHPLACE (city or town)                                    | 23. If death was due to external causes (VIOLENCE) fill in elso the following:   |
| LY, W<br>be carefu<br>EATH in<br>important          | O 16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide? Date of Injury, 19   |
| Id be call DEATH y import                           | Min his direct   | Where did injury occur? (Specify city or town, county and State)   |
| PIOA  | 17. INFDRMANT  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  |
| F.3 10  | 18. BURIAL, CREMATION OR REMOVAL   | Manner of injury   |
| SE  | Mechland Va, Date 410, 26, 1935  | Nature of Injury   |
| WRITE<br>mation s<br>CAUSE<br>TION is               | 19. UNDERTAKER / LULY VSOU JULY  | 24. Was disease or injury in any way related to occupation of deceesed?  |
| 3 5 5 5   | (Address) Systemile Md.  | if so, specify   |
| zi (R)  | 20. FILED Tel 24, 1935 alice It Hell Registrar.  | (Signed) (Address) Sykesville md   |
|   | If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| SUPERIT V. E   |               |  |               |
| Other contributory causes of importance:                                       | No.           | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  | 1             |  |               |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

| 3D. Every item of infor-<br>FSICIANS should state<br>statement of OCCUPA- | 1. PLACE OF DEATH  County Howard  Village or City Woodslock, Md.  | Registration Dist. No.  No. f death occurred in a horpital or institution, give its NAME instead of s                             |
|---|---|---|
|   | (Usual place of abode)  | If nonresident give city of   |
| TT RE   | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Oav)   |
| BINDING<br>PERMANEN<br>EXACTI<br>y classified<br>te.                      | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Annie Mee.   | 22. THEREBY CERTIFY That I  |
| FOR S IS A F stated properl certifica                                     | 6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs  ormin.   | to have occurred on the date stated above, at 7.2 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows: |
| ESERVEI INK—THI E should be t it may be on back of                        | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1934   11. Total time (yeers) spent in this occupation | Carmany Thomstoo<br>Cerc Real eightelien<br>Broutheal Porente   |
| Z 49  | 12. BIRTHPLACE (city or town) (State or country)  Manualand   | Other Contributory Causes of importance:  |
| MA<br>ITH U<br>Ily sul  | 13. NAME Beal Carrey  14. BIRTHPLACE (city or town) (Stete or country)  | Neme of operation   |
| CY, WIT carefull I'M in ploortant.  | 15. MAIOEN NAME Sally Remarkly .  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOLENCE) fill In elso th Accident, suicide, or homicide? Date of Inju                   |

Manner of Injury Neture of injury

If so, specify (Signed)

Registrar.

(Address) \_

street and number) \_Ward .......mos...\_\_\_\_ds. town and State EATH (Year) ettended deceased from , 19 .....; deeth is said Ogta of onset there an autopsy?\_1 following: (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any wey related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be CAUSE OF DEA TION is very im

WRITE PL

17. INFORMANT \_.

19. UNDERTAKER (Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

| ADDITIONAL SPACE FOR FURTHER | R STATEMENTS | BY | PHYSICIAN |
|------------------------------|--------------|----|-----------|
|------------------------------|--------------|----|-----------|

|                             | iten  | sh  | of  | 1  |
|-----------------------------|---|---|---|--|
|                             | VRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every iten | ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of |  |
|                             | JRD.  | IXSI  | stat  |  |
|                             | REC   | . PF  | Exact   |  |
|                             | LN  | LY  |   |  |
| ING                         | NE  | CI  | iffed   |  |
| MARGIN RESERVED FOR BINDING | RMA   | XA  | class   |  |
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|                             | PLA   | plnc  | F D   | ON is very important. See instructions on back of certificate. |
|                             | E J   | sho   | E 0   | is v   |
|                             | RIT   | tion  | USI   | NO   |
| E /                         | >   | cet   | <b>*</b>  | _  |

| 1/2        |                                   |   | OF MAR         | YLAND-          | CERTIFICA                           | ATE OF DEATH   | 1876                |
|------------|-----------------------------------|---|----------------|-----------------|-------------------------------------|--|---------------------|
| 1          | . PLACE OI                        |   |                | -               | -                                   | (92-2)   | 49                  |
|            |                                   | Howard  |                |                 |                                     | Registration Dist. No.   | 72                  |
|            | Village or-C                      | w-near Wood   | bine.          | (1)             | death occurred in a housi           | St.,<br>ital or institution, give its NAME instead of street as                    | Ward                |
|            | Length of resid                   | dence in city or town where                                     | death occurred | O_yrsmos        | ds. How long                        | in U.S. if of foreign birth?yrsyrs.  | _mosds.             |
| 2          | . FULL NA                         | ME Harry  | R.Crum,        |                 |                                     |  |                     |
|            | (a) Residence                     | ce: No. nea   |                | ine Md.         | St., War                            | rd   |                     |
| -          | PERSON                            | AL AND CTATICS  | (Usual place   |                 |                                     | If nonresident give city or town   |                     |
| 3. 5       | EX                                | AL AND STATIST  |                | RRIED, WIDOWED. | 21. DATE OF D                       | ICAL CERTIFICATE OF DEATH  | 1                   |
|            | Male                              | White   | OR DIVORCE     | nied, who werd) | ZI. DATE OF D                       | February, 25, (Month) (Day)  | , 193_5_e<br>(Yeer) |
| 58.        | If married, widow<br>HUSBAND of   | Mary A.   | Grum,          |                 |                                     | REBY CERTIFY. That I attend<br>24 1935 to Feb Lo                                   | ed deceased from    |
| 6. I       | ATE OF BIRTH (                    | month, day, and year) 18  | 378-8-25       |                 | I last saw h_ dia_ a                |  | death is said       |
| 7. A       | GE Year                           | rs Months   | Deys           | If LESS than    |                                     | e date stated above, at: 15 p.m.   |                     |
|            | 56                                | 6   |                | 1 dey,hrs.      | The PRINCIPAL CAUS were as follows: | SE OF DEATH and related causes of importance                                       | Date of onset       |
| NO         | 8. Trade, profes                  | sion, or particular<br>ork done, as SPINNER,<br>BOOKKEEPER, etc | Farmer         |                 | 0-14                                | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | Date of onset       |
| OCCUPATION | -9. Industry or b                 | usiness in which  | T. CT M.C.I    |                 |                                     | ral stonores   |                     |
| G D        | work was                          | done, as SILK MILL,   |                |                 | my                                  | rearditis  |                     |
| Ö          |                                   | d last worked at 2/35   | sps            | time (years) 38 |                                     |  |                     |
|            | → year)                           | TÎ  |                | upation         | Other Contributory Car              | uses of importance:  |                     |
| 12.        | BIRTHPLACE (cit<br>(State or coun |   | land.          |                 |                                     |  |                     |
| 2          | 13. NAME                          |   | um             |                 |                                     | 3.69   |                     |
| FATHER     | 14 DIDTUDI ACE                    |   |                |                 | Nome of accretion                   | none Date of   |                     |
| E          | (State or                         | (city or town)-Bavar  | ia,Germ        | uny.            |                                     | iagnosis?  |                     |
| ER         | 15. MAIDEN NAM                    | we Matilda S  | .Barric        | k,              |                                     | external causes (VIOL ENCE) fill in elso the follow                                |                     |
| MOTHER     | 16. BIRTHPLACE                    | (city or town) Frade  | rick Co        | )               |                                     | omicide? Date of injury  |                     |
| Σ          | (State or                         | country) Mer  | yland.         |                 | Where did injury occur              | 1?   |                     |
| 17.        | INFORMANT                         | Mrs Mary A.<br>F.DWoodh   | Grum,          | *****           | Specify whether injury              | (Specify city or town, county and S<br>occurred in INDUSTRY, in HOME, or in PUBLIC | PLACE.              |
| 18.        | BURIAL, CREMATI                   | on, or REMOVAL  |                | by . 27,19.35   |                                     |  |                     |
| 19.        | UNDERTAKER                        | 6.m. M.   | etts.          |                 |                                     | ry in any way related to occupation of deceased?                                   |                     |
|            | (Address)                         | Winfiel   | d Add,         |                 | if so, specify                      | A DIZ  |                     |
| 20.        | FILED MA                          | 17,193.5  | Mhrs           | Registrar.      | (Signed)(Address)_                  | Mauly Trabil   | M. D.               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example 1  | i             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| The state of the s |               |  |               |
| Other contributory causes of importance:   | J             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|--------|---------|------------|----|-----------|
|------------------|--------|---------|------------|----|-----------|

should state

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 0 | 1 | 2 | my | 1 |  |
|---|---|---|----|---|--|
| U | L | 0 | 6  | 0 |  |

| 1. PLACE OF DEATH  |  |
|--|--|
| County Amarl   | Registration Dist. No. 1944  |
| Village or City Clarksrill   | NoSt., Ward  |
|  | (If death occurred in a hospital or institution, give its NAME instead of street and number)                       |
| CB 10 M.   | osds. How long in U.S. If of foreign birth?yrsmosds.   |
| 2. FULL NAME Wasel Cy Down   | A  |
| (a) Residence: No. Clasks the Vh   | St., Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  |
| m Single   | (Month) (Day) (Yaer)   |
| 5a. If married, widowad, or divorcad HUSBAND of  |  |
| (or) WIFE of   | 1 HEREBY CERTIFY. Thet I ettended decaased from  |
| A - 12 12 13   | Til 1935, 10 Til 7 1930  |
| 6. DATE OF BIRTH (month, day, end yaer) (UC) / DJ 2  7. AGE Years Months Days If LESS than   | I last saw helpou alive in the 20, 1931; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date steted above, at \$3000 m.  |
| 00 6 2 ormin.  | The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:                                     |
| 8. Trade, profassion, or particular kind of work done, as SPINNER,   | Infomula of age to   |
| SAWYER, BOOKKEEPER, etc. No W  | aculto Alatation of Heart  |
| work was dona, as SILK MILL, SAW MILL, BANK, atc   |  |
| SAWYER, BOOKKEEPER, etc  9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decaased lest worked et this securation (month and the state of t | Primary Cause: Clamic myscarditis.   |
| this occupation (month and /9/J spent in this year) occupation   | Direction: not stated . I cange  |
| 90-1   | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   |  |
|  |  |
| 13. NAME LEGION DOUGH  |  |
| 4 14. BIRTHPLACE (by or town) M. f.  | Nama of operation Data of  |
| (State of Country)   | Whet test confirmed diagnosis? Wes there an autopsy?   |
| 15. MAIDEN NAME Jauese Cranford  16. BIRTHPLACE (city or town) Md  | 23. If daath wes due to external causes (VIOLENCE) fill in also the following:                                     |
| 6 16. BIRTHPLACE (city or town) Md   | Accident, suicide, or homicide? Date of injury19   |
| ∑ (State or country)   | Where did injury occur?  |
| 17. INFORMANT Malten Job orsus   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Addrass) Las los sell ( 700 A   |  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Menner of injury   |
| Place of marsterne Data Til 28, 19 3   |  |
| FC 2/12 0+1  |  |
| 19. UNDERTAKER TO ANALY WAS  | 24. Was disasee or injury in eny way ralated to occupation of deceased?  |
| Fil M 21- DA   | If so, specify   |
| 20. FILED TIME 16 , 1933 S Me Mclasto  | (Signed) M. D.   |
| Registrar.   | (Addrass) Carles Ville Vill  |

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|               | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5,1927   | Peritonitis  | 3 days ago  |
| 12            |  |   |
|               | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenterilis  | 1 year  |
|               |  |   |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

N. B.-WRITE PL.

| 1. PLACE OF DEATH  County  Village or City  CITY | Registration Dist. No.    Registration Dist. No.   91   |
|--|---|
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If marriad, widowad, or divorced  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 7. 1. 20 - 35   | 22. I HEREBY CERT1FY, That I ettanded daceased from   |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  | to hava occurrad on the data stated above, atm.   |
| 8. Trede, profassion, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc   | The form (minutum 5% may)   |
| 12. BIRTHPLACE (city or town) (State or country)   | Other Contributory Causes of Importance:  Marksmal Symbilis.  |
| 13. NAME Theodore bulson  14. BIRTHPLACE (city or town) Caprasille (State or country) Ma   | Neme of operation Date of What test confirmed diagnosis? Was there an aulopsy?                                  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MAIDEN NAME  4. Marie 4. Marie  4. Marie  4. Marie  4. Marie  4. Marie  4. Marie  4. Marie  4. Marie  17. INFORMANT  4. Marie  18. MAIDEN NAME  4. Marie  4. Ma | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Samue Garante Data 2/20 ,1938-   | Manner of injury  |
| 19. UNDERTAKER Growt Frather Off   | 24. Was disaasa or injury In any way related to occupation of dacaasad? If so, specify                          |

Registrar.

long

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i i           | Example II   | 46            |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |
|  |               |  | 3000          |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

| STATE OF MARYLAND-  | -CERTIFICATE OF DEATH 01879  |
|---|--|
| 1. PLACE OF DEATH   | 93-6   |
| County Jonatal  | Registration Dist. No. 19  |
| Village or City Ellicott City Ma  | No. St., Ward  |
| Length of residence in city or town where death occurredyrs2_mo                                     | death occurred in a horpital or institution, give its NAME instead of street and number)  s/                       |
|   | 4  |
| 2. FULL NAME Zula Jorden  | J  |
| (a) Residence: No. (Usual place of abode)   | J. O.St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| Themale Colored OR DIVORCED (write the word)  | Fille 28, 1935   |
| 5a. If merried, widowed, or divorced HUSBAND of   | (Month) (Day) (Year)   |
| (or) WIFE of W Deale & Salar Co.  | 22. 1 HEREBY CERTIFY, That Jettended deceased from   |
|   | 15-16-, 1971 7et 28, 192V  |
| 6. DATE OF BIRTH (month, day, end year)   | I last saw h elive on ; deeth is sald  |
| 7. AGE Years Months Days If LESS than I day,hrs.  | to have occurred on the date stated ebove, at  |
| 23 // /8 ormin.   | were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. January |  |
| <   ✓    9. Industry or business in which   | ocy cardial failure  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.   |  |
| 10. Date deceesed last worked at this occupetion (month end spent in this                           | <i>y</i>   |
| year) occupation  |  |
| 12, BIRTHPLACE (city or town) 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/                                | Other Courributory Causes of importance:   |
| (State or country) Ankans   | Uskuma.  |
| 13. NAME Leonge Sent  |  |
| 13. NAME Devel Settle  14. BIRTHPLACE (city or town) Downspielse                                    | Name of operation Reput Dete of  |
| (State or country)  | What test confirmed diagnosis? Was there en autopsy?   |
| 15. MAIDEN NAME Elizabeth Bouton  16. BIRTHPLACE (city or town) Pichinon  (State or country)        | 23. If death wes due to external causes (VIOLENCE) fill in also the following:                                     |
| 6 16. BIRTHPLACE (city or town) A Richmond  | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country)  | Where did injury occur?  |
| 17. INFORMANT Elensbath Steele  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Ellerate Cety Mal,  |  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Menner of injury   |
| Place // 1 1931 100 100 1 1931  | Neture of injury   |
| 19. UNDERTAKER Eastern Agrant   | 24. Wes disease or injury in any wey related to accupation of deceased?  |
| (Address) & leave the City My   | If so, specify   |
| 20. FILED 3/2 1935 WH hissell   | (Signed) Characteristics (Signed)  |
| Registrar.  | (Address) Clarent Celes Alex   |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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|               | Example II   |   |  |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |  |
| 1915          | Attack of epilepsy   | 1 week ago  |  |
| 1921          | Run over by street car   | 1 week ago  |  |
| July 5,1927   | Peritonitis  | 3 days ago  |  |
| •             | Other contributory causes of importance:                                       |   |  |
| May 1,1923    | Gastroenteritis  | 1 year  |  |
|               |  |   |  |
|               | 1915<br>1921<br>July 5,1927  | The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance: |  |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

|            | County<br>Village or C  | City Sidance in city or town   | 1            | elle (1                                  | No. St.,  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos.                          |
|------------|---|--|--------------|--|---|
| -          | (a) Residen   | ce: No.  |              | Lanson ace of abode)                     | St., Ward.  If nonresident give city or town and State  |
| -          | SEX   | 4. COLOR OR RAC  | TISTICAL PAR |  | MEDICAL CERTIFICATE OF DEATH  |
|            | m   | m  |              | ARRIED, WIDOWED,<br>CED (write the word) | 21. DATE OF DEATH  (Month)  (Day)  (Yee   |
| -          | If marriad, widow<br>HUSBAND of<br>(or) WIFE of                                   |  |              | 1935                                     | 22. I HEREBY CERTIFY. That I attended deceesed Leb 16 dece 1950, to Fish 10, 195  |
|            | AGE Yea   | rs Month   |              | If LESS than 1 dey, hrs.                 | to have occurred on the date stated above, et?  |
| OCCUPATION | kind of w<br>SAWYER,<br>9. Industry or<br>work wes<br>SAW MIL<br>1D. Date decease | ssion, or particular york done, es SPINNE BDDKKEEPER, etc business In which tone, as SILK MILL, L, BANK, etc ed last worked at petion (month and | 11. Tote     | ol time (years) pent in this coupation   | about the sixth sworth  |
|            | BIRTHPLACE (cit<br>(Stata or cour   |  | nd           |  | Dther Contributory Causes of importence:  |
| FATHER     | 13. NAME  14. BIRTHPLACE  (Stata or   |  | Lanse        | ~  | Name of operation Dete of   |
| MOTHER     | 15. MAIDEN NAI<br>16. BIRTHPLACE<br>(State or                                     | (city or town)   | Torsay Va    |  | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury 19. |
|            | INFORMANT(Addrass)  | Juch   | Lans         | The ma                                   | Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  |
| 18.        | PlaceOss_   | tha far  | m cata tel   | 12 ,1930                                 | Manner of Injury  |
|            | UNDERTAKER (Address) FILEO Felle  | 11 1935  | Sa Has       | lula                                     | 24. Was disease or injury In any way related to occupation of daceased?  If so, specify (Signad) A Markharl   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2   | 159   | 15                |
|--|---|---|-------------------|
| County  Village or City  2   | and.  | No. Registration Dist. No. St., f death occurred in a horpital or institution, give its NAME instead of street and              | Ward              |
| 2. FULL NAME  (a) Residence: No.   | death occurred yrs mo  Section (Usual place of abode)     | s. ds. How long in U.S. if of foreign birth?  |                   |
| PERSONAL AND STATIST   | TICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |                   |
| 3. SEX Frmile 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  (Month) (Dey)  | , 193 \<br>(Yeer) |
| 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of   | 13  | 22. HEREBY CERTIFY hat I attended   | 1101              |
| 5. DATE OF BIRTH (month, day, and year)  | 2/12/35   | I last saw h aliva on 2/13,   | ; death is sai    |
| 7. AGE Years Months  | Days If LESS than 1 day, hrs. ormin.                      | to have occurred on the data stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Date of onse      |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc   |   | Primer Burk.  |                   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Judustry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month end  |   |   |                   |
| 10. Data deceased last worked at this occupation (month end year)  | 11 Total tima (years) spent in this occupation            |   |                   |
| 12. BIRTHPLACE (city or town) ZCC<br>(Stata or country)  | und<br>Vad  | Other Contributary Causes of importanca:  |                   |
| 13. NAME Lerry Le  | ely   |   |                   |
| 13. NAME decay de  14. BIRTHPLACE (city or town)  (State or country)   | of med  | Nama of operation Date of   |                   |
| 15. MAIDEN NAME But  | Edmondon  | What test confirmed diagnosis? Was there an  23. If death was due to external causes (VIOLENCE) fill in also the following      |                   |
| 16. BIRTHPLACE (city or town) Lower (State or country)   | if med.   | Accident, suicida, or homicida? Date of Injury  Where did injury occur? (Specify city or town, county and St.                   |                   |
| 7. INFORMANT (Address)   | and   | Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC P.   | LACE.             |
| 8. BURIAL, CREMATION, OR REMOVAD   | - Date 2 114/3 579  | Manner of injury  |                   |
| 9. UNDERTAKER LENGTH LE | ey acting   | 24. Was disease or Injury in any way related to accupation of decessed?   |                   |
| 20. FILED 2 114135. Du   | ank Shipley<br>Registrar                                  | (Signed) (Address) A according  |                   |

V. S. No. 1

. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

CANSE OF DEATH in plain terms, so that it may be

hould be carefully supplied.

-WRITE matton s TION is very important. See instructions on back of

certificate.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING,

RD. Every item of

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| Example II                        |               |
|-----------------------------------|---------------|
| death and related causes collows: | Date of onset |
|                                   | 1 week ago    |
|                                   | 1 week ago    |
|                                   | 3 days ago    |
| es of importance:                 | 1 year        |
|                                   |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

WRITE PLA

V. S. No. 1

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 01883 |
|----------|-------------------------------|-------|
|----------|-------------------------------|-------|

| 1. PLACE OF DEATH   |  |
|---|--|
| county Howard County  | Registration Dist. No. 193.  |
| Village or City neas Daisy  | No. St Ward  |
| Length of residence in city or town where death occurredyrsmos                    | death occurred in a hospital or institution, give its NAME instead of street and number)   |
| 2. FULL NAME Unonne miles   | ds. How long in U.S. if of foreign birth?yrsdsds.  |
| (a) Residence: No.  |  |
| (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 25 (Month) (Day) (Yaar)  |
| 5a. If marriad, widowed, or divorced HUSBANO of                                   |  |
| (or) WIFE of  | 22. HEREBY CERTIFY, Mat 1 attended decaasad from   |
| 6. OATE OF BIRTH (month, day, and year) april 28, 1933                            | I last saw h 12 alive on 0 1 2 5 1, 19 2 death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at \$0_m.   |
| 1 9 27 1 day,hrs.   | Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:   |
| 8. Trade, profassion, or particular kind of work dona, as SPINNER,                | Date of onest  |
| SAWYER, BOOKKEEPER, atc   | rumany Brankfol  |
| work was dona, as SILK MILL, SAW MILL, BANK, etc                                  | m+- 11: 1 seeming / mh   |
|   | Not a complication or segnebal of some   |
| yaar) occupation  | Other Centributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) A awas de Course Ly (Stata or country)              |  |
| e any in  |  |
| I wow smith   |  |
| (Stata or country)  | Nama of operation Oata of  |
| 15. MAIDEN NAME Referce miles   | What test confirmed diagnosis? Was there an autopsy?  23. If death was dua to external causes (VIOLENCE) fill In also tha following: |
| 15. MAIOEN NAME Rebecca miles  16. BIRTHPLACE (city or town) Howard County        | Accident, suicide, or homicide? Date of injury 19  |
| (State or country) Maryland   | Where did injury occur?  |
| 17. INFORMANT Bella miles (Address) Woodbine md                                   | (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                   |
| 18. BURIAL, CREMATION, OR REMOVAL Comsterpate Feb, 27 1935                        | Manner of injury   |
| Place Dush Park anderpate Jel, d 1, 1953  | Natura of injury   |
| 19. UNOERTAKER TY M. Inyder (Addrass)   | 24. Was disease or Injury In any way related to occupation of daceasad?  |
| dilas to here   | If so, specify   |
| 20. FILED M. T. f., 19-3.2 M. Mulling Registrat.                                  | (Signed) M. D.   |
| Negarar.  | ( value)   |

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

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| Example I   | 1             | Example II   | 3615       |
|---|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis. | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy |            |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago |
| Other contributory causes of importance:  | İ             | Other contributory causes of importance:   |            |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year     |
|   |               |  |            |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
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| Example I   | i             | Example II   |                           |
|---|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  *Arteriosclerosis** | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:  |               | Other contributory causes of importance:   |                           |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year                    |
|   |               |  |                           |

| ADDITIONAL SPACE FOR FU | URTHER | STATEMENTS | BY | PHYSICIAN |
|-------------------------|--------|------------|----|-----------|
|-------------------------|--------|------------|----|-----------|

# STATE OF MARYLAND-CERTIFICATE OF DEATH

01886

| 1. PLACE OF DEATH  |                              |                                    | <u> </u>  |
|--|------------------------------|------------------------------------|---|
| County Amand   |                              |                                    | Registration Dist. No. 191  |
| Village or City  | Cula                         | d                                  | No. St., Ward   |
| Length of residence in city or town where d  | eath occurred                |                                    | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,mosds. |
| 2. FULL NAME Baby  | B-                           | Dan wel                            |   |
| (a) Residence: No. P. W. 2   | reheard<br>(Usual place      | had                                | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTI  | CAL PARTI                    | CULARS                             | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE White  | 5. SINGLE, MAR<br>OR DIVORCE | RIED, WIDOWED, D (write the word)  | 21. DATE OF DEATH  71   |
| 5a. If married, widowed, or divorced HUSBAND of  |                              | Q                                  | 22. I HEREBY CERTIFY That I attended deceased from  |
| (or) WIFE of   | -                            |                                    | 22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19  |
| 6. DATE OF BIRTH (month, day, and yeer)  | et. 15-                      | 1935                               | I last saw h alive on   |
| 7. AGE Years Months  | Days                         | If LESS than  1 dey,hrs.  orQ_min, | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:               |
| 8. Trade, profession, or particular kind of work done, as SPINNER,   |                              |                                    | Date of onset   |
| SAWYER, BOOKKEEPER, etc.   |                              |                                    | Q / / /   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  |                              |                                    | Tell born (newalter)  |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and yeer) | spa                          | ime (years)<br>nt in this          |   |
| 12. BIRTHPLACE (city or town) (State or country)   | of Count                     | of hid                             | Other Contributory Causes of importance:  |
| II 13. NAME Convoll Or   | Jenne 1 &                    |                                    |   |
| 13. NAME Convol Of   | a Orcha                      | _ d                                | Name of operation Date of   |
| (State or country)   |                              | hed                                | What test confirmed diegnosis? Wes there an autopsy?  |
| 15. MAIDEN NAME Wollie   | allen                        |                                    | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)  | tantas.                      | County no.                         | Accident, suicide, or homicide?   |
| 17. INFORMANT Parish (Address)   | ohort                        |                                    | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | 1-11                         | 1 04                               | Manner of injury  |
| Place done ground  | Date_7                       | , 1934                             | Neture of injury  |
| 19. UNDERTAKER Riellier (Address) Più rol  | ind                          | mid                                | 24. Was disease or injury in any wey related to occupation of deceased?   |
| 20. FILED 7/15 , 1935- W   | 14 His                       | Sell<br>Registrar.                 | (Signed) Sem of orth man M.D.  (Address) Eller Luly Med   |

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| Example I  | i             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BURFALL V.S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

of OCCUPA-

|  | CERTIFICATE OF DEATH 01887   |
|--|--|
| 1. PLACE OF DEATH  County Survaid  | Registration Dist. No. 192   |
|  | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U. S. if of foreign birth?yrsmosds. |
| Length of residence in city or town where deeth occurred to the most series of the course of the cou |  |
| (a) Residence: No. Supplies (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) May 18 1929  | I last saw h saw alive on 3 at 5 2 , 1935; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 10-30 m.   |
| 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importence  |
| 8. Trede, profession, or particular  | were as follows:  Brouchs Pneumona 1-20-33   |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  | (-200  |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  |  |
| 10. Date deceesed lest worked at this occupation (month end yeer) spant in this occupation coupation   |  |
| 12. BIRTHPLACE (city or town) Howard Cs.  (State or country) M. J.   | Other Contributory Causes of importence: Other Contributory Causes of importence: 1-18-35  |
| 13. NAME Louis Sandusky  |  |
| 13. NAME Tours Sandwakey  14. BIRTHPLACE (city or town) Batto, Co.  (State or country) M. Co.  | Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME VILLE are I seten Campe  | 23. If death was due to external causes (VIDL ENCE) fill in also the following:  |
| 15. MAIDEN NAME LILLS are V Ellew Carreft  16. BIRTHPLACE (city or town) Carroll Co.  (State or country)   | Accident, suicide, or homicide? Date of injury, 19   |
| 17. INFORMANT Lysis Saudusky (Address) Sissessille zud.  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                     |
| 18 BURIAL, CREMATION, OR REMOVAL Standard Les Les 18, 1035   | Manner of injury   |
| 19. UNDERTAKER New Sou Sur. (Address) Sycerville mil.  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 417 00 Chill the 10  | (Signed) MC Amoor MD   |

(Address) .....

Registrar.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FO | OR FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------------|------------|------------|----|-----------|
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V. S. No. 1

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| 11764         | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5,1927   | Peritonitis  | 3 days ago  |
|               | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
| muy 1,1000    | Tuoti ventei tuo   | 1   |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| MAR 4 1935   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| <br> |                     |      |  |
|------|---------------------|------|--|
|      | SEAR NAME OF STREET |      |  |
|      |                     |      |  |
|      |                     |      |  |
|      |                     |      |  |
|      |                     | <br> |  |

V. S. No. 1

| STATE OF MAI | RYLAND-CERTIFIC | ATF | OF | DEATH |
|--------------|-----------------|-----|----|-------|
|--------------|-----------------|-----|----|-------|

| 1          | . PLACE OF DEA                                  | тн            |                |                    | 018   | 390           |
|------------|---|---------------|----------------|--------------------|---|---------------|
|            | County Hone                                     | ard           |                |                    | Registration Dist, No.  | 13            |
|            | Village-or-City: 10.6                           | ear Popl      | lar Spr        | tngs,-R.F          | DNo Mt. Atrov Md  | Ward          |
|            |   |               |                | (1                 | f death occurred in a horpital or institution, give its NAME instead of street and mess                           |               |
|            |   |               |                |                    |   | sds.          |
| 2          | . FULL NAME                                     |               |                |                    |   |               |
|            | (a) Residence: No                               | near          | (Usual place   | r Springs          | MST.,. Ward.  If nonresident give city or town and S  | 2             |
| -          | PERSONAL AN                                     | D STATISTI    |                |                    | MEDICAL CERTIFICATE OF DEATH  | mate          |
| 3. 5       |   | R OR RACE     | 5. SINGLE, MAR | RIED, WIDOWED,     | 21. DATE OF DEATH   |               |
|            |   | hi te         | -97            | D (write the word) | February, 8,  | 193 5         |
| 5e.        | If marriad, widowed, or divo                    | rcad          |                |                    |   | (Year)        |
|            | (or) WIFE of late                               | Willies       | D. Web         | b.                 | 22. JI HEREBY CERTIFY, That I ettended d  | eceased from  |
| 6. T       | DATE OF BIRTH (month, dey                       | and year) 7 9 | 52-9-6         |                    | I lest sew h. La alive on If J 19.33  | , 194         |
| 7. A       |   | Months        | Deys           | If LESS than       | to have occurred on the dete steted above, at 450m.   | death is seid |
|            | 82  | 5             | 2              | 1 day,hrs.         | The PRINCIPAL CAUSE OF DEATH end ralated ceuses of importence were es follows:                                    |               |
| z          | 8. Trada, profession, or pe                     | erticuler     | 2.2            | 1 01               | weld 63 lulluws.  | Oats of onsst |
| OCCUPATION | kind of work done,<br>SAWYER, BOOKKEE           |               | None           |                    | 0 4   |               |
| JPA        | Industry or business in<br>work wes done, es S  | ILK MILL.     |                |                    | holasa  | 0             |
| S          | SAW MILL, BANK, e<br>10. Oata deceased lest wor | kad et        | 11. Totel ti   | ime (yeers)        | Parlement   | 7             |
| 0          | this occupetion (mor                            |               | spei           | nt in this         |   |               |
| 12         | BIRTHPLACE (city or town)                       | Howard        | l Co.          |                    | Other Contributory Canses of importence:  |               |
| 14.        | (Stete or country)                              | Mar           | rland          |                    | herte Paris   | 7             |
| ER         | 13. NAME W:                                     | illiam E      | I.Stack        | house              | - Innance I symmy always  | - Lige        |
| FATHER     | 14. BIRTHPLACE (city or to                      | wn) Hous      | rd Co.         |                    | Nama of operation Dete of   |               |
| -1         | (State or country)                              | ,             | rrland         |                    | What test confirmed diegnosis? Wes thare an au  | toney?        |
| LER.       | 15. MAIOEN NAME                                 | Emily Bu      | irdette        |                    | 23. If death wes due to externel causes (VIOLENCE) fill in elso the following:                                    | 0937:         |
| MOTHER     | 16. BIRTHPLACE (city or to                      | wn) Hower     | ed Co.         |                    | Accident, suicide, or homicide? Dete of injury  | 19            |
| Z          | (State or country)                              | Men           | yland.         |                    | Where did Injury occur?   | *******       |
| 17.        | (Address) R.F.D                                 | LillianMt.A   | Nebb,          |                    | (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE | DE.           |
| 18.        | BURIAL, CREMATION, OR RI                        | 4 5 00        |                | 20.55              | Menner of Injury  |               |
|            | Place miller Bus                                | rie Gr        | Dete Fe        | 2Y . A.O. 1955     | Nature of Injury  |               |
| 19.        | UNOERTAKER                                      | m. That       | tz.            |                    | 24. Wes diseesa or injury In any way releted to occupetion of daceased?   |               |
|            | (Address)                                       | infield       | Ad.            | 4                  | If so, specify  |               |
| 20. 1      | FILEO JULY 7,1                                  | 9.3.5         | In his         | Registrar.         | (Signed) My Masly   | M. D.         |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

|  | Example I                               |               | Example II   |               |  |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                       | RECEIVED                                | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial neg               | phritis                                 | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                    | MAR 7 1005                              | July 5,1927   | Peritonitis  | 3 days ago    |  |
|  | PUREAU V.S.                             |               |  |               |  |
| Other contributory                     | causes of importance:                   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                             |   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |   |               |  |               |  |
|  |   |               |  |               |  |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | ADDITIONAL |
|---|------------|
|---|------------|